

STATE MS.-DE SOTO CO.
FILED

Parcel #1067-3600.0-00002.02

OCT 28 3 28 PM '02

BK 431 PG 139
W.E. DAVIS C.H. CLK.Prepared by:
Chamberlin-Nowak, P. C.
170 W. Center St.
P.O. Box 567
Hernando, MS 38632
(662) 429-7888ROAD RIGHT OF WAY DEED

In consideration of Ten Dollars (\$10.00) and other good and valuable consideration, We, Jessie James Greer and Mary Adele White, Executrix and sole heir of the Estate of Maurice H. White, Jr., deceased, convey and warrant to DeSoto County, Mississippi the land in DeSoto County, Mississippi described as part of the Southwest Quarter of Section 36, Township 1 South, Range 6 West, and being a strip of land east of the center of Hacks Cross Road, more particularly described as follows:

Begin at a point on the existing East Right-of-Way of Hacks Cross Rd., being 40 ft. right and perpendicular to the proposed center line station number 75+19.40 of the proposed project number DECD-0017(30)B; said point also being 0.66 ft. North and 40.00 ft. East of a nail found at the Southwest corner of Section 36, Township 1 South, Range 6 West, in DeSoto County, Mississippi; run thence North 0 degrees 25'07" East, along said existing East Right-of-Way for a distance of 149.03 ft. to a point; said point being 40 ft. right and perpendicular to the proposed center line station number 76+68.44; run thence South 89 degrees 33'00" East, leaving said existing East Right-of-Way for a distance of 10.00 ft. to a point; said point being 50 ft. right and perpendicular to the proposed center line station number 76+68.43; run thence South 0 degrees 25' 07" West, for a distance of 148.79 ft. to a point; said point being 50 ft. right and perpendicular to the proposed center line station number 75+19.64; run thence South 89 degrees 02'49" West, for a distance of 10.00 ft. to the point of beginning, containing 0.03 acre, more less. ✓

We fully understand that we have the right to receive just compensation for the real property herein described based on an appraisal of said property. We further understand that we have the right to request that a fair market value appraisal of the property be made and we have received a copy of that appraisal.

By way of explanation, Mary Adele White, signs this Deed as Executrix and sole heir of Maurice H. White, Jr., deceased. Maurice H. White, Jr. held a right of first refusal in reference to the subject property. Mary Adele White is the sole beneficiary under the Will of Maurice H. White, Jr., a copy of which is attached hereto as Exhibit "A".

Further, by way of explanation, the wife of Jessie James Greer, Earnestine Greer is deceased, a copy of her death certificate being attached hereto as Exhibit "B".

DeSoto County will not be required to rebuild any fences.

WITNESS OUR SIGNATURES this the 10th day of October, 2002.

Jessie James Greer
JESSIE JAMES GREER

Mary Adele White Exec
MARY ADELE WHITE, Executrix and sole heir
of the Estate of Maurice H. White, Jr., deceased

STATE OF MISSISSIPPI
COUNTY OF DESOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named, JESSIE JAMES GREER, who acknowledged that he signed and delivered the above and foregoing instrument on the day and year therein mentioned.

Given under my hand and official seal of office, this the 15th day of October, 2002.

Connie Rhea Wulfsberg
NOTARY PUBLIC

My Commission Expires:
June 17, 2003



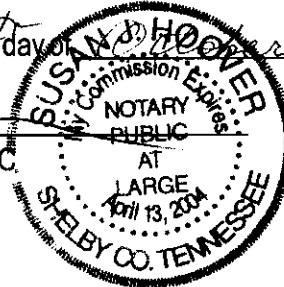
STATE OF ~~MISSISSIPPI~~ Tennessee
COUNTY OF ~~DESOTO~~ Shelby

This day personally appeared before me, the undersigned authority in and for said County and State, the within named, MARY ADELE WHITE, who acknowledged that she signed and delivered the above and foregoing instrument as Executrix and sole heir of the Estate of Maurice H. White, Jr., deceased, on the day and year therein mentioned as her free act and deed, and for the purposes therein expressed and in the capacity therein set forth.

Given under my hand and official seal of office, this the 10th day of October, 2002.

Susan Hoover
NOTARY PUBLIC

My Commission Expires:



GRANTORS ADDRESS: 6020 Hackcross Rd 38654
GRANTORS PHONE NUMBER: Business - 901-754-3520
Home - 662-895-2095

GRANTEES ADDRESS: DeSoto County Courthouse, Hernando, MS
GRANTEES PHONE NUMBER: Business - (662) 429-5011

LAST WILL AND TESTAMENT

OF

MAURICE H. WHITE, JR.

02-

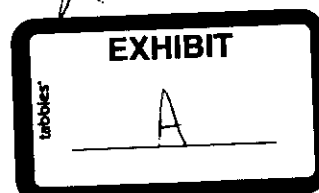
I, MAURICE H. WHITE, JR., a resident of DeSoto County, Mississippi, being of sound mind and disposing memory and over the age of twenty-one years, do hereby make, publish and declare this instrument to be my Last Will and Testament, hereby revoking any and all Wills and Codicils heretofore by me made.

ITEM I

I hereby nominate, constitute and appoint my wife, MARY ADELE WHITE, as Executrix without bond of this my Last Will and Testament. In the event that MARY ADELE WHITE should predecease me or become unable or unwilling to serve for any reason whatsoever, I direct that my son, JOHN HAMILTON WHITE, shall serve as successor Executor without bond and with the same rights, powers, duties and privileges.

I further nominate and appoint MARY ADELE WHITE, with JOHN HAMILTON WHITE as successor, in that order, to petition and account in all matters of ancillary administration covering any property I may own in any state. I direct that no bond or other security shall be required of my Executrix nor shall she be required to file an inventory or accounting with any court in any said foreign jurisdiction. If the laws of any foreign jurisdiction in which I may own property require that a resident of that state serve as Executor or Administrator in any ancillary proceeding for my estate the persons designated above, in the order stated, shall have the power and right to select and designate a proper party resident of the state involved to serve with the Executrix of my estate as Co-Administrator. In such event, said Co-Administrator shall not be required to post any bond or other security or file any accounting

PAGE ONE OF MY WILL

White

Will Book 28 page 353

EXHIBIT A-1

or inventory with any court in the foreign jurisdiction.

ITEM II

I direct that the Executrix shall, in her sole discretion, make settlements, adjustments or payments in full of any claims against my estate at any time without requiring that such claims shall be filed or probated according to law in any court or in any manner and without awaiting the lapse of any period of time.

Any debt or expense secured by mortgage, pledge or similar encumbrance on any property owned by me at my death shall not necessarily be paid by my estate, and such property in the discretion of the Executrix may pass subject to such mortgage, pledge or similar encumbrance.

The Executrix is authorized and empowered to elect to file a joint return of income, gift tax or any other return with my wife for any period as permitted by law and to pay from my estate the full amount of any tax due on any such return and any adjustment thereof.

The Executrix, in her sole discretion, may dispose of such assets as shall be necessary for the payment of my debts, taxes and expenses of administration without the necessity of first encroaching upon or exhausting personalty for such purposes. I do hereby authorize the Executrix to sell to my wife any of such assets, if they are to be sold, from my estate at the value as finally determined thereon for federal estate tax purposes.

It is not my intention hereby that my Executrix should postpone unduly the enjoyment of the income from this estate by my beneficiaries; and as soon as the Executrix is able to arrange adequate cash funds for the administration of the estate and the payment of my debts, I authorize the Executrix to pay the bequests hereinafter provided. In the interim, the Executrix shall advance to my wife any sums if needed for her support.

PAGE TWO OF MY WILL

M. H. H.

EXHIBIT A-2

ITEM III

My beloved wife, MARY ADELE WHITE, is and has been for many years the sole owner of all household furniture and equipment, carpets, rugs, silverware, linen, china and kitchen utensils used in our home, and I hereby confirm her right and title thereto.

ITEM IV

In the event my wife, MARY ADELE WHITE, shall survive me, I hereby give and bequeath all jewelry, clothing, personal automobile and articles of personal use, diversion or adornment owned by me at my death to my wife.

In the event my wife shall predecease me, I hereby give and bequeath the aforesaid property to my children equally.

ITEM V

In the event my wife, MARY ADELE WHITE, and I should die in the course of or as the result of an accident, epidemic, or other calamity, or simultaneously, or under circumstances where there is no sufficient evidence as to which of us survived, then and in such event it shall be presumed for the purposes of construing this Will that my wife survived me.

ITEM VI

All the rest, residue and remainder of my estate, including property of every kind and character and wheresoever situated, I hereby give, devise and bequeath to my wife, MARY ADELE WHITE, if she survives me, in two separate shares as hereinafter set forth.

My Executrix is directed to deliver to my wife, MARY ADELE WHITE, an amount designated as the Marital Share equal to the amount required to obtain for my estate the maximum federal estate tax marital deduction allowable under the Internal Revenue Code, as amended from time to time, undiminished by estate or other death

PAGE THREE OF MY WILL M. H. White

EXHIBIT A-1

taxes, either state or federal, less the aggregate value of all interests in property, if any, which have passed from me prior to my death or which now pass under other provisions of this Will to my wife or by operation of law, through life insurance policies or otherwise, but only to the extent that such interests are included in determining my gross taxable estate and are allowable as a marital deduction for federal estate tax purposes. Notwithstanding the foregoing, if the above described amount is more than is necessary (along with any allowable credits and deductions) to eliminate any federal estate tax with respect to my gross estate, then the above described amount shall be reduced so that it is equal to the minimum estate tax marital deduction that is necessary to eliminate such federal estate tax. In making the computations necessary to determine the amount of this Marital Share, the final determination for federal estate tax purposes shall control. My wife, as beneficiary of the Marital Share, may disclaim all or any part or portion of her benefits and powers by written instrument delivered to my Executrix prior to the expiration of nine (9) months after my death. Any part or portion so disclaimed shall pass under the provisions of the Non-marital Share hereunder.

My Executrix is then directed to pay from the balance of my residuary estate all of the federal and state estate and inheritance taxes which may be due thereon and deliver the remaining sum, designated as the Non-marital Share, to my wife for and during her lifetime.

During such period as she shall be entitled to the use and benefit of this Non-marital Share property, my said wife is fully authorized and empowered:

To retain in unchanged form said property.

To collect and receive any and all income, interest,

PAGE FOUR OF MY WILL

M. H. H.

EXHIBIT *A-4*

issues, rents and profits arising or growing out of said property and any property that may be required by her in the place and stead of said property;

To sell, exchange, pledge, hypothecate, mortgage or otherwise dispose of said property and/or any other property acquired in substitution therefor, for any consideration, either for cash or upon credit, and upon any terms and conditions, in her sole discretion, including the power and authority to let the real estate for a period of years extending beyond her life, and the proceeds thereof from time to time to invest and reinvest in any other property, either real or personal;

Any and all persons entitled to said property or any substituted property, shall take the same subject to the rights of any lessee or mortgagee thereof under any lease or mortgage as may have been granted or given by my said wife;

No purchaser, mortgagee or lessee shall be bound or concerned at any time to see to the application of any consideration paid for any conveyance, mortgage, or lease made by my said wife of said property or property substituted therefor;

The express enumeration herein of powers, authority, and discretion conferred upon my said wife shall not be construed as in any wise limiting or restricting her in the use and enjoyment of any power or authority ordinarily and usually had and enjoyed by one taking the life estate which my wife does under this Item of my Last Will and Testament. In addition, my wife shall have the power to consume the property in the Non-marital Share in such amounts as she requires for her health, support and maintenance after taking into account all other resources available to her for these purposes; and

The exercise of my wife of any of the powers, authority or discretion vested in her upon one or more occasions shall not be deemed an exhaustion thereof, but she may exercise the same as often as and whenever, in her sole discretion, as to said property and any property substituted therefor.

My wife shall have a special power to appoint by her valid Last Will and Testament the property in the Non-marital Share to and among my descendants subject to such estates and conditions as she may wish. This power may be exercised only by specific reference to it in my wife's Will even though such Will was executed during my lifetime and before my own Will. Notwithstanding the foregoing, my wife shall not have any such power with respect to

PAGE FIVE OF MY WILL

M. H. J.

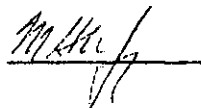
EXHIBIT A-5

any property which passes into the Non-marital Share as the result of a disclaimer by her of property which otherwise would have become a part of the Marital Share.

Upon the death of my wife, MARY ADELE WHITE, her interest in the Non-marital Share property initially coming into her hands under this Will or any substituted property shall cease and at that time to the extent that the limited testamentary power of appointment is not effectively exercised shall go to my children in equal shares. Should either of them predecease my wife, upon her death, their then living issue shall take their parent's share, per stirpes, or if there be no such issue then surviving, such deceased child's share shall pass to my other child, if living, or such child's then living issue, per stirpes, if they also be then deceased. Should any of such issue be minors, their parent or guardian shall act on their behalf and such parent or guardian shall be entitled to receive and receipt for such minor's share on behalf of the minor without the necessity of posting bond.

Should my wife not survive, I give, devise and bequeath all the rest, residue and remainder of my estate to my children in equal shares.

My Executrix shall have full authority and sole discretion in dividing the assets of my estate, real, personal or mixed, between the Marital Share and the Non-marital Share; provided, however, that in satisfying such marital devise and/or bequest to my spouse under this my Last Will and Testament, it shall be the duty of my Executrix to select assets of my estate, real, personal or mixed, for distribution in satisfaction of such marital devise and/or bequest in such manner that the cash and other assets distributed shall have an aggregate fair market value fairly representative of the distributee's proportionate share of the appreciat



or depreciation in the value thereof from the date of determination of the values thereon for federal estate tax purposes to the date or dates of distribution of all assets then available for distribution; provided further, however, that in fixing the values of my assets for the purpose of allocation of assets sufficient to satisfy such marital devise and/or bequest as heretofore determined, my Executrix shall be governed by the values as determined thereon for federal estate tax purposes; provided further, that there shall not be included in such marital devise and/or bequest any asset of my estate, real, personal or mixed, or the proceeds of any such assets, which does not qualify for this marital deduction for federal estate tax purposes.

Upon any such distribution in kind, my Executrix is to be credited thereon for federal estate tax purposes. Thus, my Executrix shall distribute assets in satisfaction of such marital devise and/or bequest at their values as determined thereon for federal estate tax purposes, but the assets selected for such distribution shall likewise have an aggregate fair market value which fairly reflects the distributee's proportionate share of the appreciation or depreciation in the value of all the assets of my estate from the date of the determination of the values thereon for federal estate tax purposes to the date or dates of such distribution.

IN WITNESS WHEREOF, I, MAURICE H. WHITE, JR., have hereunto set my hand in the presence of the undersigned subscribing witnesses on this the 29 day of January, 1982.

Maurice H. White, Jr.
MAURICE H. WHITE, JR.

The foregoing instrument was by the Testator, MAURICE H. WHITE, JR., in the presence of us declared to be his Last Will and

PAGE SEVEN OF MY WILL M. H. White

EXHIBIT A-7

Testament, and was signed by him in our presence and by us witnessed at his request and in his presence and in the presence of each other, this the 29th day of JANUARY, 1982.

NAME

ADDRESS

Judith Pham/Lu Suren

366 Sequoia Ave

Lincoln

3946 Grandview

PAGE EIGHT AND LAST PAGE OF MY WILL W. H. H.

EXHIBIT A-8

AFFIDAVIT

We, the undersigned, whose signatures appear as the attesting witnesses to the Last Will and Testament of MAURICE H. WHITE, JR., which instrument is of even date herewith, being duly sworn, do make oath as follows:

That on the date of this Affidavit, the Testator, MAURICE H. WHITE, JR., declared said instrument to be his Last Will and Testament and requested that we, the undersigned, act as attesting witnesses to his signature. The Testator then executed said instrument as and for his Last Will and Testament in the presence of all of the undersigned witnesses together. Then each of us, the undersigned, signed our names as attesting witnesses in the presence of the Testator and of each other.

In our opinion, on the date said instrument was executed, the Testator was of sound mind and disposing memory and over the age of eighteen (18) years.

IN WITNESS WHEREOF, we have set our hands on this the 29th day of JANUARY, 1982.

[Signature]
Subscribing Witness

[Signature]
Subscribing Witness

Subscribing Witness

STATE OF TENNESSEE X
COUNTY OF SHELBY X

SWORN TO and subscribed before me on this the 29th day of

January, 1982.

[Signature]
NOTARY PUBLIC

My Commission Expires

July 24, 1984

EXHIBIT A-9

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Ernestine Greer				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) March 20, 1999	
4. SOCIAL SECURITY NUMBER (of Decedent) 312-46-5568		5a. AGE - LAST BIRTHDAY (Years) 63		5b. UNDER 1 YEAR MO. DATE HOUR MIN.		6. DATE OF BIRTH (Month, Day, Year) Feb 29 1936	
7. BIRTHPLACE (City and State or Foreign Country) Olive Branch, Ms		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) Methodist Central Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Jessie J. Greer		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Housekeeping		12b. KIND OF BUSINESS/INDUSTRY Holiday Inn Hotel	
13a. RESIDENCE—STATE Miss		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Olive Branch		13d. STREET AND NUMBER OR RURAL LOCATION 5020 Hacks Cross Rd.	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE 38654		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE—American Indian, Black, White, etc. (Specify) Black	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-) 8th		17. FATHER'S NAME (First, Middle, Last) James A. Black, Sr.					
18. MOTHER'S NAME (First, Middle, Maiden Surname) Alene Diggins		19a. INFORMANT'S NAME (Type/Print) Jessie J. Greer					
19b. RELATIONSHIP TO DECEDENT Husband		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5020 Hacks Cross Rd. Olive branch, Ms 38654					
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memorial Park Southwood		20c. LOCATION—City or Town, State Memphis, Tn		21a. SIGNATURE OF FUNERAL DIRECTOR <i>Eula W. Gillespie</i>	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR FD487		21c. SIGNATURE OF EMBALMER <i>Robert P. Gillespie</i>		21d. LICENSE NUMBER OF EMBALMER FS553		22a. NAME AND ADDRESS OF FUNERAL HOME Gillespie Funeral Home 9179 Pigeon Roost Olive Branch, Ms 38654-2497	
22b. LICENSE NUMBER OF FUNERAL HOME FE137		23. REGISTRAR'S SIGNATURE <i>Jeffrey Slater</i> Deputy		24. DATE FILED (Month, Day, Year) MAR 29 1999			
25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Mark L. Hammond</i>							
25b. LICENSE NUMBER MD015646		25c. DATE SIGNED (Month, Day, Year) 3-29-99					
26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER							
26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)					
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Mark L. Hammond, M.D. 220 S. Claybrook Suite 400 Memphis, Tn 38104							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>cardiopulmonary arrest</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>CHF</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>cardiomyopathy</u> DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. _____						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide	
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

EXHIBIT

tabbies

B

BIRTH NO. _____